

Household ID

hhid- - - -

Household Composition (A1)

Team ID:

1. Indicate the questionnaire that will be completed for this household: In-home Extended

Attempts to Survey Household			
	1	2	3
	dd MMM yy	dd MMM yy	dd MMM yy
2. Date	HClashdt <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	HC2ashdt <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	HC3ashdt <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3. Staff ID	HClstid <input type="text"/> <input type="text"/>	HC2stid <input type="text"/> <input type="text"/>	HC3stid <input type="text"/> <input type="text"/>
4. Result Code	HClrcode <input type="text"/>	HC2rcode <input type="text"/>	HC3rcode <input type="text"/> <small>Note: 5 and 6 are not valid codes for third attempt.</small>
Result Code Key	1 = members listed 3 = household absent for extended period of time 2 = household refused 4 = vacant/destroyed/not found/not residential		5 = postponed 6 = no one home
Next Visit Date/Time	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Total number in household	HCTnih <input type="text"/>	6. Total eligible	HCTqelig <input type="text"/>
		7. Total given PTID	HCTgptid <input type="text"/>

If 5 or 6, complete Next Visit Date/Time.

HOUSEHOLD PARTICIPATION

Instructions: Ask these questions of the head of the household or an adult member of the household who has information about the household to determine the household composition. For each eligible member of the household, complete all questions. Please do not leave any questions blank.

Interviewer reads:

Thank you for taking the time to speak with me about this study. We would like to first ask you some questions about your household and then I am going to ask you about household members.

Ngiyabonga kutsatsa sikhatsi sakho kukhuluma nami ngaloluhlolo. Ngitawucela kukubuta imibuto ngendlu yakakho kanye nalabo lopheka noma lodla nabo.

8. What is the main source of drinking water for members of your household? *Mark only one.*

Emanti leniwanatsako achamuka kuphi?

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> 8a. Piped into dwelling | <input type="checkbox"/> 8g. Protected spring | <input type="checkbox"/> 8l. Bottled water |
| <input type="checkbox"/> 8b. Piped yard/plot | <input type="checkbox"/> 8h. Unprotected spring | <input type="checkbox"/> 8m. Other, specify: <input type="text" value="HCTmsdwo"/> |
| <input type="checkbox"/> 8c. Public taps/standpipe | <input type="checkbox"/> 8i. Rainwater | <input type="text"/> |
| <input type="checkbox"/> 8d. Borehole | <input type="checkbox"/> 8j. Tanker truck | <input type="checkbox"/> 8n. DK/REF |
| <input type="checkbox"/> 8e. Protected well | <input type="checkbox"/> 8k. Surface water
(river/dam/lake/ponds/stream/canal/irrigation channel) | |
| <input type="checkbox"/> 8f. Unprotected well | | |

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Question 9 Instructions: Read choices out loud to member. Mark all that apply.

9. Which of the following does your household have?

Ngukuphi lokukhona endlini yakakho noma lanako emalunga endlu yakakho (labo lopheka noma lodla nabo)?

- | | | |
|--|---|---|
| <input type="checkbox"/> HCwofele Electricity
Gesi | <input type="checkbox"/> HCwofnob Mobile telephone
Lucingo lolungumahlalekhikhini | <input type="checkbox"/> HCwofsto Stove
Sitofu |
| <input type="checkbox"/> HCwofrad Radio
Umsakato wemoya (iradio) | <input type="checkbox"/> HCwofnon Non-mobile telephone
Lucingo lwesendlini | <input type="checkbox"/> HCwofwat Watch
Liwashi |
| <input type="checkbox"/> HCwoftel Television
Umsakato wetitfombe (ITV) | <input type="checkbox"/> HCwofrifi Refrigerator
Kwekubandzisa (iFriji) | <input type="checkbox"/> HCwofref REF |

HOUSEHOLD MEMBERS

Interviewer reads: Now I would like you to give me the names of the persons who live in your household and guests who stayed here last night starting with the head of the household.

Nyalo ngidzinga (ngitawucela) kutsi unginike emagama ebantfu labahlala endlini yakakho noma lenipheka nidle nabo kanye nalabo labakufikele balala itolo ebusuku, ucale ngaloyinhloko yendlu.

Member #1	Initials	Usual member? <input type="checkbox"/> HC1um yes <input type="checkbox"/> no	Slept here last night? <input type="checkbox"/> HC1sh1n yes <input type="checkbox"/> no	Gender <input type="checkbox"/> HC1gen male <input type="checkbox"/> female	Age <input type="text"/> HC1age years	Eligible? <input type="checkbox"/> HC1elig yes <input type="checkbox"/> no → If no, skip to next member.
	Enrollment Status	<input type="checkbox"/> HC1es Enrolled → Assign PTID. → <input type="text"/> HC1ptid <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

Member #2	Initials	Usual member? <input type="checkbox"/> HC2um yes <input type="checkbox"/> no	Slept here last night? <input type="checkbox"/> HC2sh1n yes <input type="checkbox"/> no	Gender <input type="checkbox"/> HC2gen male <input type="checkbox"/> female	Age <input type="text"/> HC2age years	Eligible? <input type="checkbox"/> HC2elig yes <input type="checkbox"/> no → If no, skip to next member.
	Enrollment Status	<input type="checkbox"/> HC2es Enrolled → Assign PTID. → <input type="text"/> HC2ptid <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

Member #3	Initials	Usual member? <input type="checkbox"/> HC3um yes <input type="checkbox"/> no	Slept here last night? <input type="checkbox"/> HC3sh1n yes <input type="checkbox"/> no	Gender <input type="checkbox"/> HC3gen male <input type="checkbox"/> female	Age <input type="text"/> HC3age years	Eligible? <input type="checkbox"/> HC3elig yes <input type="checkbox"/> no → If no, skip to next member.
	Enrollment Status	<input type="checkbox"/> HC3es Enrolled → Assign PTID. → <input type="text"/> HC3ptid <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

HCnapt No additional members. Complete/verify questions 5, 6, and 7 on page 1. End of form.

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Household Composition (A1)

Member #4

Initials	Usual member? HC4um <input type="checkbox"/> yes <input type="checkbox"/> no	Slept here last night? HC4sh1n <input type="checkbox"/> yes <input type="checkbox"/> no	Gender HC4gen <input type="checkbox"/> male <input type="checkbox"/> female	Age HC4age years	Eligible? HC4elig <input type="checkbox"/> yes <input type="checkbox"/> no → <i>If no, skip to next member.</i>
Enrollment Status	HC4es <input type="checkbox"/> Enrolled → Assign PTID. → HC4ptid <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

Member #5

Initials	Usual member? HC5um <input type="checkbox"/> yes <input type="checkbox"/> no	Slept here last night? HC5sh1n <input type="checkbox"/> yes <input type="checkbox"/> no	Gender HC5gen <input type="checkbox"/> male <input type="checkbox"/> female	Age HC5age years	Eligible? HC5elig <input type="checkbox"/> yes <input type="checkbox"/> no → <i>If no, skip to next member.</i>
Enrollment Status	HC5es <input type="checkbox"/> Enrolled → Assign PTID. → HC5ptid <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

Member #6

Initials	Usual member? HC6um <input type="checkbox"/> yes <input type="checkbox"/> no	Slept here last night? HC6sh1n <input type="checkbox"/> yes <input type="checkbox"/> no	Gender HC6gen <input type="checkbox"/> male <input type="checkbox"/> female	Age HC6age years	Eligible? HC6elig <input type="checkbox"/> yes <input type="checkbox"/> no → <i>If no, skip to next member.</i>
Enrollment Status	HC6es <input type="checkbox"/> Enrolled → Assign PTID. → HC6ptid <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

Member #7

Initials	Usual member? HC7um <input type="checkbox"/> yes <input type="checkbox"/> no	Slept here last night? HC7sh1n <input type="checkbox"/> yes <input type="checkbox"/> no	Gender HC7gen <input type="checkbox"/> male <input type="checkbox"/> female	Age HC7age years	Eligible? HC7elig <input type="checkbox"/> yes <input type="checkbox"/> no → <i>If no, skip to next member.</i>
Enrollment Status	HC7es <input type="checkbox"/> Enrolled → Assign PTID. → HC7ptid <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

Member #8

Initials	Usual member? HC8um <input type="checkbox"/> yes <input type="checkbox"/> no	Slept here last night? HC8sh1n <input type="checkbox"/> yes <input type="checkbox"/> no	Gender HC8gen <input type="checkbox"/> male <input type="checkbox"/> female	Age HC8age years	Eligible? HC8elig <input type="checkbox"/> yes <input type="checkbox"/> no → <i>If no, skip to next member.</i>
Enrollment Status	HC8es <input type="checkbox"/> Enrolled → Assign PTID. → HC8ptid <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

HCnap2 No additional members. Complete/verify questions 5, 6, and 7 on page 1. End of form.

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Household Composition (A1)

Member #9

Initials	Usual member? HC9um <input type="checkbox"/> yes <input type="checkbox"/> no	Slept here last night? HC9shln <input type="checkbox"/> yes <input type="checkbox"/> no	Gender HC9gen <input type="checkbox"/> male <input type="checkbox"/> female	Age HC9age <input type="text"/> years	Eligible? HC9elig <input type="checkbox"/> yes <input type="checkbox"/> no → <i>If no, skip to next member.</i>
Enrollment Status	HC9es <input type="checkbox"/> Enrolled → Assign PTID. → HC9ptid <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

Member #10

Initials	Usual member? HC10um <input type="checkbox"/> yes <input type="checkbox"/> no	Slept here last night? HC10shln <input type="checkbox"/> yes <input type="checkbox"/> no	Gender HC10gen <input type="checkbox"/> male <input type="checkbox"/> female	Age HC10age <input type="text"/> years	Eligible? HC10elig <input type="checkbox"/> yes <input type="checkbox"/> no → <i>If no, skip to next member.</i>
Enrollment Status	HC10es <input type="checkbox"/> Enrolled → Assign PTID. → HC10ptid <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

Member #11

Initials	Usual member? HC11um <input type="checkbox"/> yes <input type="checkbox"/> no	Slept here last night? HC11shln <input type="checkbox"/> yes <input type="checkbox"/> no	Gender HC11gen <input type="checkbox"/> male <input type="checkbox"/> female	Age HC11age <input type="text"/> years	Eligible? HC11elig <input type="checkbox"/> yes <input type="checkbox"/> no → <i>If no, skip to next member.</i>
Enrollment Status	HC11es <input type="checkbox"/> Enrolled → Assign PTID. → HC11ptid <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

Member #12

Initials	Usual member? HC12um <input type="checkbox"/> yes <input type="checkbox"/> no	Slept here last night? HC12shln <input type="checkbox"/> yes <input type="checkbox"/> no	Gender HC12gen <input type="checkbox"/> male <input type="checkbox"/> female	Age HC12age <input type="text"/> years	Eligible? HC12elig <input type="checkbox"/> yes <input type="checkbox"/> no → <i>If no, skip to next member.</i>
Enrollment Status	HC12es <input type="checkbox"/> Enrolled → Assign PTID. → HC12ptid <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

Member #13

Initials	Usual member? HC13um <input type="checkbox"/> yes <input type="checkbox"/> no	Slept here last night? HC13shln <input type="checkbox"/> yes <input type="checkbox"/> no	Gender HC13gen <input type="checkbox"/> male <input type="checkbox"/> female	Age HC13age <input type="text"/> years	Eligible? HC13elig <input type="checkbox"/> yes <input type="checkbox"/> no → <i>If no, skip to next member.</i>
Enrollment Status	HC13es <input type="checkbox"/> Enrolled → Assign PTID. → HC13ptid <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

HCnap3 No additional members. Complete/verify questions 5, 6, and 7 on page 1. End of form.

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Household Composition (A1)

Member #14

Initials	Usual member? HC14um <input type="checkbox"/> yes <input type="checkbox"/> no	Slept here last night? HC14shln <input type="checkbox"/> yes <input type="checkbox"/> no	Gender HC14gen <input type="checkbox"/> male <input type="checkbox"/> female	Age HC14age years	Eligible? HC14elig <input type="checkbox"/> yes <input type="checkbox"/> no → <i>If no, skip to next member.</i>
Enrollment Status	HC14es <input type="checkbox"/> Enrolled → Assign PTID. → HC14ptid <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

Member #15

Initials	Usual member? HC15um <input type="checkbox"/> yes <input type="checkbox"/> no	Slept here last night? HC15shln <input type="checkbox"/> yes <input type="checkbox"/> no	Gender HC15gen <input type="checkbox"/> male <input type="checkbox"/> female	Age HC15age years	Eligible? HC15elig <input type="checkbox"/> yes <input type="checkbox"/> no → <i>If no, skip to next member.</i>
Enrollment Status	HC15es <input type="checkbox"/> Enrolled → Assign PTID. → HC15ptid <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

Member #16

Initials	Usual member? HC16um <input type="checkbox"/> yes <input type="checkbox"/> no	Slept here last night? HC16shln <input type="checkbox"/> yes <input type="checkbox"/> no	Gender HC16gen <input type="checkbox"/> male <input type="checkbox"/> female	Age HC16age years	Eligible? HC16elig <input type="checkbox"/> yes <input type="checkbox"/> no → <i>If no, skip to next member.</i>
Enrollment Status	HC16es <input type="checkbox"/> Enrolled → Assign PTID. → HC16ptid <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

Member #17

Initials	Usual member? HC17um <input type="checkbox"/> yes <input type="checkbox"/> no	Slept here last night? HC17shln <input type="checkbox"/> yes <input type="checkbox"/> no	Gender HC17gen <input type="checkbox"/> male <input type="checkbox"/> female	Age HC17age years	Eligible? HC17elig <input type="checkbox"/> yes <input type="checkbox"/> no → <i>If no, skip to next member.</i>
Enrollment Status	HC17es <input type="checkbox"/> Enrolled → Assign PTID. → HC17ptid <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

Member #18

Initials	Usual member? HC18um <input type="checkbox"/> yes <input type="checkbox"/> no	Slept here last night? HC18shln <input type="checkbox"/> yes <input type="checkbox"/> no	Gender HC18gen <input type="checkbox"/> male <input type="checkbox"/> female	Age HC18age years	Eligible? HC18elig <input type="checkbox"/> yes <input type="checkbox"/> no → <i>If no, skip to next member.</i>
Enrollment Status	HC18es <input type="checkbox"/> Enrolled → Assign PTID. → HC18ptid <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

HCnap4 No additional members. Complete/verify questions 5, 6, and 7 on page 1. End of form.

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Household Composition (A1)

Member #19

Initials	Usual member? HC19um <input type="checkbox"/> yes <input type="checkbox"/> no	Slept here last night? HC19shln <input type="checkbox"/> yes <input type="checkbox"/> no	Gender HC19gen <input type="checkbox"/> male <input type="checkbox"/> female	Age HC19age years	Eligible? HC19elig <input type="checkbox"/> yes <input type="checkbox"/> no → <i>If no, skip to next member.</i>
Enrollment Status	HC19es <input type="checkbox"/> Enrolled → Assign PTID. → HC19ptid <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

Member #20

Initials	Usual member? HC20um <input type="checkbox"/> yes <input type="checkbox"/> no	Slept here last night? HC20shln <input type="checkbox"/> yes <input type="checkbox"/> no	Gender HC20gen <input type="checkbox"/> male <input type="checkbox"/> female	Age HC20age years	Eligible? HC20elig <input type="checkbox"/> yes <input type="checkbox"/> no → <i>If no, skip to next member.</i>
Enrollment Status	HC20es <input type="checkbox"/> Enrolled → Assign PTID. → HC20ptid <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

Member #21

Initials	Usual member? HC21um <input type="checkbox"/> yes <input type="checkbox"/> no	Slept here last night? HC21shln <input type="checkbox"/> yes <input type="checkbox"/> no	Gender HC21gen <input type="checkbox"/> male <input type="checkbox"/> female	Age HC21age years	Eligible? HC21elig <input type="checkbox"/> yes <input type="checkbox"/> no → <i>If no, skip to next member.</i>
Enrollment Status	HC21es <input type="checkbox"/> Enrolled → Assign PTID. → HC21ptid <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

Member #22

Initials	Usual member? HC22um <input type="checkbox"/> yes <input type="checkbox"/> no	Slept here last night? HC22shln <input type="checkbox"/> yes <input type="checkbox"/> no	Gender HC22gen <input type="checkbox"/> male <input type="checkbox"/> female	Age HC22age years	Eligible? HC22elig <input type="checkbox"/> yes <input type="checkbox"/> no → <i>If no, skip to next member.</i>
Enrollment Status	HC22es <input type="checkbox"/> Enrolled → Assign PTID. → HC22ptid <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

Member #23

Initials	Usual member? HC23um <input type="checkbox"/> yes <input type="checkbox"/> no	Slept here last night? HC23shln <input type="checkbox"/> yes <input type="checkbox"/> no	Gender HC23gen <input type="checkbox"/> male <input type="checkbox"/> female	Age HC23age years	Eligible? HC23elig <input type="checkbox"/> yes <input type="checkbox"/> no → <i>If no, skip to next member.</i>
Enrollment Status	HC23es <input type="checkbox"/> Enrolled → Assign PTID. → HC23ptid <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

HCnaps No additional members. Complete/verify questions 5, 6, and 7 on page 1. End of form.

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Household Composition (A1)

Member #24

Initials	Usual member? HC24um <input type="checkbox"/> yes <input type="checkbox"/> no	Slept here last night? HC24shln <input type="checkbox"/> yes <input type="checkbox"/> no	Gender HC24gen <input type="checkbox"/> male <input type="checkbox"/> female	Age HC24age <input type="text"/> years	Eligible? HC24elig <input type="checkbox"/> yes <input type="checkbox"/> no → <i>If no, skip to next member.</i>
Enrollment Status	HC24es <input type="checkbox"/> Enrolled → Assign PTID. → HC24ptid <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

Member #25

Initials	Usual member? HC25um <input type="checkbox"/> yes <input type="checkbox"/> no	Slept here last night? HC25shln <input type="checkbox"/> yes <input type="checkbox"/> no	Gender HC25gen <input type="checkbox"/> male <input type="checkbox"/> female	Age HC25age <input type="text"/> years	Eligible? HC25elig <input type="checkbox"/> yes <input type="checkbox"/> no → <i>If no, skip to next member.</i>
Enrollment Status	HC25es <input type="checkbox"/> Enrolled → Assign PTID. → HC25ptid <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

Member #26

Initials	Usual member? HC26um <input type="checkbox"/> yes <input type="checkbox"/> no	Slept here last night? HC26shln <input type="checkbox"/> yes <input type="checkbox"/> no	Gender HC26gen <input type="checkbox"/> male <input type="checkbox"/> female	Age HC26age <input type="text"/> years	Eligible? HC26elig <input type="checkbox"/> yes <input type="checkbox"/> no → <i>If no, skip to next member.</i>
Enrollment Status	HC26es <input type="checkbox"/> Enrolled → Assign PTID. → HC26ptid <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

Member #27

Initials	Usual member? HC27um <input type="checkbox"/> yes <input type="checkbox"/> no	Slept here last night? HC27shln <input type="checkbox"/> yes <input type="checkbox"/> no	Gender HC27gen <input type="checkbox"/> male <input type="checkbox"/> female	Age HC27age <input type="text"/> years	Eligible? HC27elig <input type="checkbox"/> yes <input type="checkbox"/> no → <i>If no, skip to next member.</i>
Enrollment Status	HC27es <input type="checkbox"/> Enrolled → Assign PTID. → HC27ptid <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

Member #28

Initials	Usual member? HC28um <input type="checkbox"/> yes <input type="checkbox"/> no	Slept here last night? HC28shln <input type="checkbox"/> yes <input type="checkbox"/> no	Gender HC28gen <input type="checkbox"/> male <input type="checkbox"/> female	Age HC28age <input type="text"/> years	Eligible? HC28elig <input type="checkbox"/> yes <input type="checkbox"/> no → <i>If no, end of form.</i>
Enrollment Status	HC28es <input type="checkbox"/> Enrolled → Assign PTID. → HC28ptid <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				